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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/530447	FILING DATE							
							APPLICANT(S)								
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.		IND.	DEP.
1	1														
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TOTAL IND.	2	↓	2	↓		↓									
TOTAL DEP.	9	↓	8	↓		↓									
TOTAL CLAIMS	11		10												

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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